James E. Finn
HB 5326

To: Public Health Committee
Re: Assisted Suicide
From: James E. Finn MD, FACS
Box 885
Middlebury, CT 06762

I am a neurosurgeon, retired after 38 years as a physician, 30 years of which was spent in the practice of neurosurgery. Although I am Immediate Past President of the Waterbury Medical Association the opinion expressed is my own and not necessarily that of the Association.

I am opposed to legislation that permits physicians or others to assist persons in their act of committing suicide. First a few words about me.

I strongly believe in careful end of life planning so as to avoid the use of aggressive treatments in situations in which the only goal is prolongation of life without consideration of quality of life. As a neurosurgeon I frequently counseled patients and their families not to pursue such treatments. In the case of my brother-in-law who died from a malignant brain tumor I counseled him and his family not to employ radiation and chemotherapy although that was considered the treatment of choice, because it had virtually no chance of improving the quality of his remaining life. He actually chose to undergo radiation and was unable to continue after three weeks because of rapidly progressing disability. He died soon after. I also believe in aggressive means of comforting patients with pain medications and tranquilizers.

Assisting suicide is a very different matter from counseling people to avoid unnecessarily aggressive means of prolonging life or treating them aggressively with pain medications and tranquilizers, for three main reasons:

1. It dehumanizes physicians or others who might assist and it fundamentally undermines the role of physician as healer.

Society has generally acknowledged a big gap between allowing natural death and killing or assisting killing. Some would say that assisting suicide is very different from actually killing someone but I don't think it really is. The person assisting is a necessary component in the intentional death of someone else. It is very important for society to continue to maintain that line because the negative consequences of losing the distinction could be great.

2. It is unnecessary.

I know there will be those who say that there are a lot of patients who might be candidates. I can say that in my entire medical career I never had a patient ask me to prescribe a lethal dose of medication. If patients are treated adequately with pain medications and tranquilizers most can be made reasonably comfortable.

A major problem today is that doctors are afraid of prescribing too much medication for fear of being accused of negligence if there are complications. In someone who has a terminal condition or severe incapacitating pain there should be no problem in prescribing large amounts of medication even though the rate of lethal complications may be high. If death occurs in such a situation it would be justifiable as part of a calculated risk and not as an intended consequence. We need better protections for physicians in these circumstances and our current tort system

stands in the way of adequate treatment of patients with terminal painful conditions and severe chronic illness. We also need better end of life planning, as many people develop severe illnesses, become unable to make their own decisions, and leave family members with no idea of how aggressively they should be treated.

3. There is considerable potential for abuse despite built-in legal protections.

We all know stories of elderly or infirm patients being manipulated by relatives for their own purposes. Grandchildren and distant relatives can be a particular problem. Someone with a severe chronic illness could be manipulated into feeling that their best choice is suicide, by being made to feel that their life is useless and a drain on the financial resources of the whole family. The patient, under those circumstances, would willingly sign away his or her life and no legal protection would stand in the way.

In summary, I believe that assisted suicide is a well-intentioned but naïve concept that is unnecessary and potentially dangerous.

James E. Finn MD, FACS